2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48442

FILED Apr 13, 2007 Secretary of State

Entity Name: GULF COAST 10-13 CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 2500 AQUILOS CT PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** P.O. BOX 495786 PORT CHARLOTTE, FL 339495786 FEI Number: 59-2825709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, EDWARD J 2500 AQÚILOS CT PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WRIGHT, EDWARD J BARKER, EDWARD Name: Name: 2500 AQUILOS CT Address: 6405 ACORNA BLVD Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33982 Title: () Delete Title: (X) Change () Addition BARKER, EDWARD Name: Name: WRIGHT, EDWARD Address: 6405 ACORNA BLVD Address: 2500 AQUILOS CT City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: PT CHARLOTTE, FL 33952 Title: () Delete Title: () Change () Addition LUBRANO, MICHAEL Name: Name: 9241 NEW MARTINSVILLE AVE Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: () Delete Title: Title: () Change () Addition RAPSISARDI, JERRY Name: Name: 502 LOWALL AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: () Change () Addition SCLAFANI, ANTHONY Name: Name: 7438 CARAMBOLS CT Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: () Delete Title: () Change () Addition PLESCIA. JERRY Name: Name: Address: 7335 SATSUMA DR Address: PUNTA GORDA, FL 33955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LUBRANO T 04/13/2007